



Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



20
 1992-2012
 YEARS STRONG



DEPARTMENT OF HEALTH & HUMAN SERVICES-USA

Behavioral Health is Essential To Health



Prevention Works





Treatment is Effective

People Recover





SAMHSA-HRSA

CENTER for INTEGRATED HEALTH SOLUTIONS

SAMHSA MAI-CoC Webinar – May 7, 2017

Welcoming Peers: The Roles of People Living with HIV and At-Risk Peers in Education and Empowerment



Regina Penna
 Continuum Care Coordinator
 Coastal Horizons Center
 Wilmington, NC



Juliet Fink Yates
 Director of Education
 Philadelphia FIGHT Community Health Centers
 Philadelphia, PA



Winner Bell
 TEACH Instructor
 Philadelphia FIGHT Community Health Centers
 Philadelphia, PA



Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



HRSA
 Health Resources & Services Administration

integration.samhsa.gov

Disclaimer:

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

integration.samhsa.gov

How to ask a question during the webinar



If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**

THIS WEBINAR IS BEING RECORDED

4

Learning Objectives

By the end of this session grantees will be able to:

- Understand the importance of investing in and retaining peer workers in their organization
- Identify key positive impacts peers have on the micro (client) and macro (organizational) level
- Recognize ways to grow the professional contributions of peers
- Determine pathways of development by which to assess and develop peers into leadership roles

5

integration.samhsa.gov

**Slides for today's webinar are
available on the CIHS website at:**

<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/webinars>

3

PHILADELPHIA FIGHT

Peer Education Program



**Education
Department**
1233 Locust Street
Philadelphia, PA 19107
215-985-4448
www.fight.org

About Philadelphia FIGHT

In 2014, FIGHT transformed from a comprehensive AIDS service organization to a federally qualified health center.

Unique Programs include:

- The AIDS Library
- Critical Path Project
- Institute for Community Justice
- The Youth Health Empowerment Project
- C a Difference
- PrEP Program
- HIV Testing, Navigation and Linkage
- Ryan White Case Management
- Diana Baldwin Center
- TREE IOP Program



Jonathan Lax Center



John Bell Health Center



Y-HEP Health Center



Dental Services

integration.samhsa.gov

Project TEACH

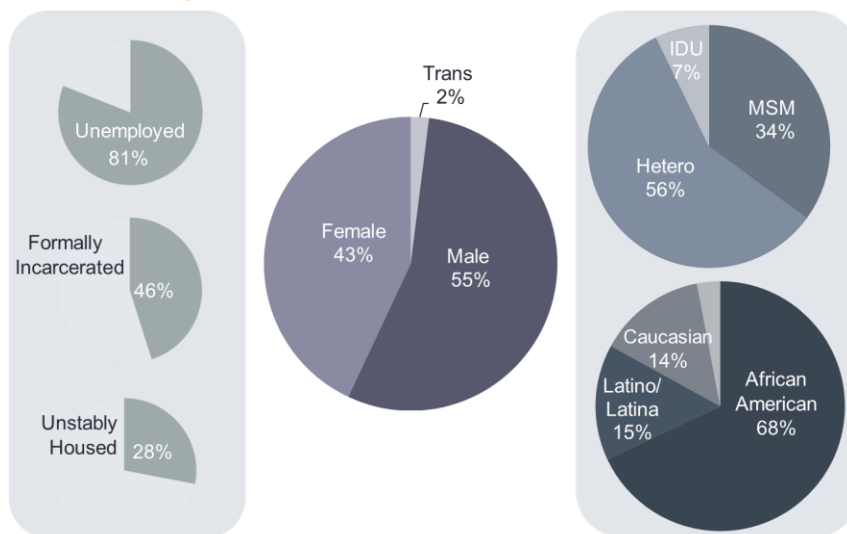
A homegrown, innovative 8-week health education program for people living with HIV/AIDS (PLWHA) developed in Philadelphia by PLWHA and ACT UP Philadelphia members as a way to train peer leaders to become HIV experts and community educators

TEACH is founded on the belief that people have a right to know about their own bodies and to determine their own health care. Graduates are encouraged to do community based education in their neighborhoods with the maxim, "Each one TEACH ten!"



integration.samhsa.gov

Our Population



integration.samhsa.gov

Going Through TEACH wasn't enough

Graduates needed:

- More training
- Assignments & community partners
- Opportunities to develop skills to be an effective peer educator

A formal peer education program was designed initially that trained a small handful of TEACH grads to sit in clinic waiting rooms and talk to folks living with HIV, offer a supportive ear, and help folks see that you can live with HIV.



2016 AIDS Education Month Prevention Summit

integration.samhsa.gov

Successes and Challenges

Some PLWH said that the peers were supportive
Doctors also had mostly positive things to say



However

- Some PLWH complained that the peers were providing too much advice and not listening enough.
- The advice wasn't always good, trustworthy information
- We couldn't really monitor the interactions between peers and individuals in the clinics
- In a few instances, the peers created tension in the spaces



integration.samhsa.gov

Successes and Challenges

Not everyone had the skills to be a Peer Educator, but Project TEACH graduated many talented individuals

- We could never hire all the amazing people who graduated the program.
- We wanted to provide people with opportunities for building skills and developing work experience.
- We believed, and still believe, strongly that PLWH should be compensated for meaningful work.



integration.samhsa.gov

A New Model: Going into the Community

During AIDS Education Month in June, we would hire and train graduates of Project TEACH to assist staff in doing HIV 101 Community Presentations.



- A Powerpoint was created and a script developed.
- The Peers would tell their stories
- Staff would be there to support the Peers with accurate information and difficult questions
- We would go to over 60 organizations each June.

In 2008, we received funding from the National Library of Medicine to combine HIV testing and Peer Education in the shelter and recovery house system.

- Combo of HIV 101 presentation, telling their story
- HIV testing happening while Peers were presenting
- Peers began to go out on their own

integration.samhsa.gov

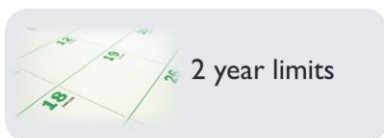
Program Key Components

- A written application and interview is required
 - Peers must also present on a topic of their choice to demonstrate public speaking skills
- Selection of ~10 Peers
- Peers are trained on 5-6 presentations
 - HIV 101
 - Hep C 101
 - STI
 - Side Effects
 - General Health and Advocacy
- Peers are paid consultants who get paid for every presentation and for training hours.
- Peers meet in person every other week for training, skill building, and scheduling sites.



integration.samhsa.gov

Some Lessons Learned Over Time



2 year limits

Formal contract that listed compensation, expectations, prohibited activities, and reasons for termination



Evaluations given by the supervisor, the other peers, and a self-evaluation

Peer Education Handbook that focused on policies and professionalism



integration.samhsa.gov

Examples:

I understand that if I receive four write-ups I will be terminated from the peer education team. The peer education supervisor determines what actions constitute a write-up. The following list is **not** inclusive, but provides examples of some actions that could result in a write up.

- Missing a site without alerting my supervisor
- Falsifying information
- Covering for a colleague who is skipping sites
- Unprofessional behavior at sites or in staff meetings
- Misuse of cab policy
- Consistently calling out

integration.samhsa.gov

36,090 people have been trained in
Philadelphia by our Peers since 2011

10,400 people reached through Peer
Education Outreach in 2015 alone.

42 sites throughout Philadelphia

519 presentations in 2015

"My experiences in TEACH and in speaking to groups at FIGHT inspired me to become a peer educator. Being a peer educator has changed me because I used to be very closed. Now that I'm a peer educator, I'm very open. I will tell anyone that I'm positive and I will give them information on HIV."

**Cenquetta Harris, Women's TEACH & Project
TEACH Graduate**



integration.samhsa.gov



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

**How Peers Enhance
Our Work**

CoastalHorizons
*Promoting Choices for Healthier
Lives and Safer Communities*



SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov 1-877-SAMHSA-7 (1-877-624-4127)

HRSA
Health Resources & Services Administration

19

integration.samhsa.gov

Coastal Horizons Center

Southeastern North Carolina

- 46 year history in outreach, treatment, crisis services, and prevention
- Main program offices in the tri-county region of Southeastern North Carolina
- TASC-Treatment Accountability for Safer Communities (a court/treatment program for non-violent offenders who would benefit more from treatment than jail) – 51 Eastern NC Counties

Southeastern North Carolina



integration.samhsa.gov

21

Addressing Prejudice and Discrimination

- Outreach and Other Services
 - » influencing negative perceptions about health services, disease or change
 - » assuring access to behavioral health care and other services

integration.samhsa.gov

MAI-CoC program

Located in tri-county area- 1 urban county (New Hanover,
2 rural counties (Pender and Brunswick)

- Working with behavioral health clients
- Linking with community HIV partner agencies to reach clients out of care
- Street testing and linkage to treatment and care
- Incarcerated populations, including LEAD (new)
- Community college and university outreach
- Linking to LBGTQI2 groups in area (few), including SAGE (older PLWHA), MCC, and Stonewall Kickball Leagues
- Rural community connections can be challenging when working to create satellite programs

integration.samhsa.gov

Areas Where We Use Peers

- MAI-CoC - behavioral health support
- Hospital – care management team in Emergency Department (E.D.)
- Primary Care wellness coaching
- HIV Support Group

integration.samhsa.gov

Continuum of Care

Support for behavioral health care clients

- Connecting at intake after assessment for:
 - Intensive Outpatient Program – 3 hrs/day/3x per week/12 weeks
 - Connection to Horizons Health
 - Connection to community services-reducing barriers to services, such as transportation assistance, housing connections, assistance with completing applications, connections to recovery groups, etc.
 - Charity Care (limited medical care at low or no cost)
 - Daily health “huddles”
 - Role modeling

integration.samhsa.gov

Hospital - Care Management Team

- Hospital grant to address rising use of E.D.’s for behavioral health concerns, i.e. drug seeking behaviors, and mental health problems
- Team of therapist and peer at the E.D. to link familiar faces with treatment and program to change behaviors, and to connect with treatment quickly to avoid lengthy & repeat E.D. utilization

integration.samhsa.gov

Primary Care Peer Wellness Coach

Located in Primary Care team of nurse practitioners and support staff

Certified WHAM! and fitness coach

Sees clients at every visit to discuss health progress goals

Works on “small steps”, moving people gradually towards goals

- New cooking strategies
- Walking the nearby neighborhood and talking

integration.samhsa.gov

HIV Support Group

- Using existing group that has been meeting for many years, members work with group newcomers who are recently diagnosed providing social support
- Working to develop a Peer Education Training-like program that can build on the experience of PLWH who are surviving and thriving, as peer mentors in the community...work in progress

integration.samhsa.gov

Summary

- Peer advocates are extremely important to client relationship to care and retention in services
- Lived experience creates a bond between clients and advocates
- Peers create a bridge between the client and the service provider
- Positive role modeling is invaluable!

integration.samhsa.gov

Thank you!

*Regina Penna
Continuum of Care Coordinator
Coastal Horizons Center
910-216-6080
rpenna@coastalhorizons.org*

- HIV+ Peer training (proposed)
<http://icap.columbia.edu/resources/detail/comprehensive-peer-educator-training-curriculum>
- By Source, Fair use,
<https://en.wikipedia.org/w/index.php?curid=27759256>

integration.samhsa.gov

Questions?

Enter your questions into the Questions box for the presenter to respond in discussion

18

integration.samhsa.gov

Next Webinar

Tuesday, March 21, 2017

Provider Communication: Talking About Sexual Health for People at Risk, and Living with HIV

19

integration.samhsa.gov

MAI-CoC Communities of Practice

- **Keys to Developing an Effective Syringe Service Program and other Related Evidence Based Practices and Partnerships to Enhance the MAI-CoC**

Session Dates: Wednesday 3/29, 4/26 at 2:00pm ET

- **Sharing Integration Innovations (e.g., PrEP, PeP, MAT). What works, what doesn't work?**

Session Dates: Thursday 3/30, 4/27 at 3:00pm ET

Learn more and register at:

<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/communities-of-practice>

20

integration.samhsa.gov

Onsite Trainings for MAI-CoC Grantees

- | | |
|--|---|
| • Motivational Interviewing | • Medication Assisted Treatment 101 |
| • Using GPRA/TRAC Data for Program Sustainability | • Achieving Cultural Competence in Behavioral Health and HIV Service Delivery |
| • Trauma-Informed Care | • Case Management to Care Management Training |
| • Whole Health Action Management | • Mastering Supervision |
| • SBIRT | • Staff Wellness |
| • Integrated Practice Assessment Tool (IPAT) Consultation and Planning | |

<https://form.jotform.com/63356260032952>

Contact: integration@thenationalcouncil.org

21

integration.samhsa.gov

For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org



22

integration.samhsa.gov



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

Thank you for joining us today.

Please take a moment to provide your
feedback by completing the survey at the
end of today's webinar.